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Uterine rupture with the use of a low-dose vaginal PGE2 tablet.

Source: Acta obstetrica et gynecologica Scandinavica; May 1993; vol. 72 (no. 4); p. 316-317

Publication Date: May 1993

Publication Type(s): Case Reports Journal Article

Author(s): Azem, F; Jaffa, A; Lessing, J B; Peyser, M R

Abstract: Prostaglandin E2 (PGE2) vaginal tablets, suppositories and gel are increasingly being used for the induction of labor. Ease of administration and supervision are their greatest advantage, while hyperstimulation and rupture of the uterus are the main risks. A 26-year-old woman, gravida 5, para 2, with no history of cesarean section, was induced at 40 weeks' normal gestation, because of mild pregnancy-induced hypertension. Half a tablet (1.5 mg) of PGE2 was inserted into the cervix. Three hours later, tetanic uterine contractions started. In a precipitated labor she delivered a female weighing 3,250 gr, about 20 minutes after the appearance of uterine contractions. Severe post partum hemorrhage occurred, and examination disclosed an isthmic uterine rupture. Subtotal hysterectomy was performed at laparotomy. The postoperative course was uneventful. The use of PGE2 should be of concern in multiparous patients, or those with scarred uteri. This case highlights the risk of even a small dose of PGE2 administered into the cervix.

Database: Medline

Unscarred Uterine Rupture: A Retrospective Analysis

Source: Journal of Obstetrics and Gynecology of India; Oct 2016; vol. 66 ; p. 51-54

Publication Date: Oct 2016

Publication Type(s): Journal: Article

Publisher: Federation of Obstetric and Gynecological Societies of India (E-mail: fogsibom7.vsnl.net.in)

Author(s): Vernekar M.; Rajib R.

Available in full text at [Journal of Obstetrics and Gynecology of India, The](#) - from Springer Link Journals

Abstract: Introduction: Uterine rupture is a catastrophic obstetrical emergency associated with a significant fetomaternal morbidity and mortality. Many risk factors for uterine rupture, as well as a wide range of clinical presentations, have been identified. Objectives: To analyze the frequency, predisposing factors, and maternal and fetal outcomes of uterine rupture. Methods: A retrospective analysis of cases of unscarred uterine rupture was conducted at the Department of Obstetrics and Gynecology, RIMS, Imphal from June 1, 2010 to June 30, 2012. Results: Our analysis comprised 13 cases. Of these, 30.8% were booked cases. Most of the cases (46.2%) were Para 2. Uterine rupture occurred at term in 10 cases. The rupture occurred due to mismanaged labor (30.8%), the use of oxytocin (23%), instrumental delivery (15.4%), obstructed labor (15.4%), induction by prostaglandin gel (7.7%), and placenta percreta (7.7%). Maternal deaths and perinatal deaths were 30.8 and 53.8%, respectively. Sub-total hysterectomy was done in 8 cases and in 1 patient

laparotomy with repair was performed. Conclusion: Ruptured uterus causes a high risk in patients. An unscarred uterus can undergo rupture even without etiological or risk factors. The patients with mismanaged labor, grand multiparas, and obstructed prolonged labor must be managed by properly trained personnel at a tertiary care center in order to avoid the morbidity or mortality. Copyright © 2015, Federation of Obstetric & Gynecological Societies of India.

Database: EMBASE

Misoprostol induced uterine rupture in a primigravida

Source: Internet Journal of Gynecology and Obstetrics; 2014; vol. 19 (no. 1)

Publication Date: 2014

Publication Type(s): Journal: Article

Publisher: Internet Scientific Publications, LLC (23 Rippling Creek Drive, Sugar Land TX 77479, United States. E-mail: joshua.fogel@gmail.com)

Author(s): Yohen N.; Jose R.; Mathews J.E.

Available in full text at [Internet Journal of Gynecology and Obstetrics, The](#) - from Free Access Content

Abstract:A primigravid uterus is rarely reported to rupture. Numerous reports and reviews have established the safety and efficacy of Misoprostol (PGE1) as an agent for termination of pregnancy and induction of labour. In developing countries use of PGE1 is more economical than PGE2. Rarely uterine ruptures are associated with its use, especially in multiparous women or those with scarred uterus. We report a rare case of uterine rupture in a primigravid woman with no previous uterine surgery who underwent termination of pregnancy with PGE1. She developed a silent lateral wall uterine rupture which was detected following delivery of the baby due to persistent tachycardia in the immediate post partum period. This case demonstrates the rare possibility of rupture even in unscarred uteri even with use of PGE1. Copyright © 2013 Internet Scientific Publications, LLC. All rights reserved.

Database: EMBASE

An unreported uterine rupture in an unscarred uterus after induced labor with 25 mug misoprostol vaginally

Source: Case Reports in Women's Health; Jan 2014; vol. 1 ; p. 8-10

Publication Date: Jan 2014

Publication Type(s): Journal: Article

Publisher: Elsevier

Author(s): Rydahl E.; Clausen J.A.

Abstract:Uterine rupture without a former history of cesarean delivery or uterine scarring is an exceedingly rare complication in pregnancy and labor. Misoprostol is widely used to induce labor but there is a lack of knowledge about serious adverse effects. It is especially challenging to collect reports on side effects because misoprostol is not a registered drug. We report a case of a woman induced by one dose 25 mug misoprostol vaginally. Her pregnancy was uncomplicated and she had an unscarred uterus. Her labor progressed rapidly and she experienced hyperstimulation, meconium stained amniotic fluid, uterine rupture, and excessive blood loss of approximately 14 l. The child survived but is diagnosed with cerebral palsy. The case was never reported as an adverse event. This case questions the safety of misoprostol even in low dosage. It also underlines the need to report

side effects to national reporting systems. Copyright © 2014 The Authors. Published by Elsevier B.V. This is an open access article under the CC BY-NC-SA license.

Database: EMBASE

Spontaneous uterine rupture of an unscarred uterus during labor: Case report and review of the literature

Source: Journal de Gynecologie Obstetrique et Biologie de la Reproduction; Apr 2008; vol. 37 (no. 2); p. 200-203

Publication Date: Apr 2008

Publication Type(s): Journal: Article

Publisher: Elsevier Masson SAS (62 rue Camille Desmoulins, Issy les Moulineaux Cedex 92442, France)

Author(s): Fatfouta I.; Dietsch J.; Perrin D.; Villeroy de Galhau S.; Eicher E.

Available in full text at [Journal de Gynécologie Obstétrique et Biologie de la Réproduction](#) - from Free Access Content

Abstract:Uterine rupture during labor is a serious and uncommon obstetrical complication that can lead to severe prognosis for the mother and her child if not immediately diagnosed and treated. Most spontaneous uterine ruptures occur during labor in parturients with a scarred uterus and are much rarer on an unscarred uterus. We report the case of a uterine rupture on unscarred uterus to a 32 year-old woman after a labor induced by intravaginal prostaglandin and intravenous oxytocine injection. Our management is compared with the data from literature. © 2007 Elsevier Masson SAS. All rights reserved.

Database: EMBASE

Obstetric uterine rupture of the unscarred uterus: A twenty-year clinical analysis

Source: Gynecologic and Obstetric Investigation; Sep 2006; vol. 62 (no. 3); p. 131-135

Publication Date: Sep 2006

Publication Type(s): Journal: Article

Publisher: S. Karger AG (Allschwilerstrasse 10, P.O. Box, Basel CH-4009, Switzerland)

Author(s): Wang Y.-L.; Su T.-H.

Available in full text at [Gynecologic and Obstetric Investigation](#) - from ProQuest

Abstract:Background: Rupture of the unscarred uterus is a rare and potentially catastrophic event. We retrospectively reviewed the records of patients with this condition to analyze their obstetric and gynecologic history and evaluate maternal and perinatal morbidity and mortality. Methods: A total of 11 cases of rupture of the unscarred gravid uterus were managed at Mackay Memorial Hospital from January 1984 to September 2003. Data extracted from the records included the use of uterine stimulants, instrumental delivery, and prior abortion by instrumentation, clinical features, treatment, and maternal and fetal morbidity and mortality. Results: The incidence of unscarred uterine rupture is 0.009% during the 20-year study period. The most common contributing factors were prior abortion by instrumentation and the use of uterotonic agents, in three cases respectively. Fetal distress occurred in six cases and postpartum hemorrhage in two. There was no maternal death, but in two cases, there was intrauterine fetal demise or perinatal death. Conclusion: Though unexpected in a woman with an unscarred uterus, rupture should be considered as a possible cause of fetal distress or unusual pain or hypotension in the mother. Copyright © 2006 S. Karger AG.

Database: EMBASE

Silent uterine rupture in an unscarred uterus

Source: Taiwanese Journal of Obstetrics and Gynecology; Sep 2006; vol. 45 (no. 3); p. 250-252

Publication Date: Sep 2006

Publication Type(s): Journal: Article

Publisher: Elsevier Ltd (Langford Lane, Kidlington, Oxford OX5 1GB, United Kingdom)

Author(s): Chang C.-Y.; Chou S.-Y.; Chu I.-L.; Hsu C.-S.; Chow P.-K.; Chian K.H.-H.

Available in full text at [Taiwanese Journal of Obstetrics and Gynecology](#) - from Free Access Content

Abstract:Objective: Uterine rupture is one of the most serious obstetric complications, with an increased risk of maternal and perinatal morbidity, and even mortality. Case Report: A multiparous woman came to our labor room at 41 weeks of gestation for induction of labor due to being post-term and having a nonreactive nonstress test. She had no history of abdominal or gynecologic surgery. Emergent cesarean section was performed due to prolonged decelerations shown on the fetal monitor. A 12 cm uterine laceration was identified after opening the abdominal cavity. Fortunately, her uterus was preserved and her postoperative condition was stable. Conclusion: To avoid maternal and fetal morbidity, or even mortality, obstetricians should be aware of the possible existence of uterine rupture in an unscarred uterus.

Database: EMBASE

Unscarred uterine rupture after induction of labor with misoprostol: A case report

Source: Clinical and Experimental Obstetrics and Gynecology; 2001; vol. 28 (no. 2); p. 118-120

Publication Date: 2001

Publication Type(s): Journal: Article

Publisher: I.R.O.G. CANADA Inc. (4900 Cote St. Luc, Apt. 212, Montreal QUE H3W 2H3, Canada)

Author(s): Akhan S.E.; Iyibozkurt A.C.; Turfanda A.

Abstract:The rupture of an unscarred uterus is very rare and presents an emergency situation that threatens the life of the fetus and mother. The agents used for induction of labor, like oxytocin and/or prostaglandins, can be responsible for this catastrophic event. We report a case of intrapartum rupture of an intact uterus after using intravaginal misoprostol for cervical ripening and labor induction in a term pregnancy and we discuss the other cases reported in the literature.

Database: EMBASE

Uterus rupture without any predisposing risk factors after a single dose of PgE2 administered because of prolonged pregnancy

Source: Zentralblatt fur Gynakologie; 1995; vol. 117 (no. 1); p. 51-53

Publication Date: 1995

Publication Type(s): Journal: Article

Publisher: MVS Medizinverlage Stuttgart (Steiermarkerstr. 3-5, Stuttgart D-70469, Germany)

Author(s): Zieger W.; Leveringhaus A.; Wischnik A.; Melchert F.

Abstract:The case of a 38-year old 3/1 gravida with prolonged pregnancy is discussed. Labour was induced with a prostaglandin (PgE vaginal tablet 4 days after an oxytocin stress test had failed. After

rapid labour development, imminent fetal asphyxia suddenly occurred, leading to an emergency caesarian section. A rupture of the left uterus wall rupture with laceration of uterine vessels was demonstrated. This is the first case report of a uterus rupture that happened in prolonged pregnancy without predisposing risk factors after a single PgE dose that was correctly placed into the posterior fornix.

Database: EMBASE

Uterine rupture and labor induction with prostaglandins

Source: Journal of the Medical Association of Thailand; 1993; vol. 76 (no. 5); p. 292-295

Publication Date: 1993

Publication Type(s): Journal: Article

Publisher: Medical Association of Thailand (4th Royal Golden Jubilee Building, 2 Soi Soonvijai, New Petch Huayakwang Bangkok 10310, Thailand)

Author(s): Phuapradit W.; Herabutya Y.; Saropala N.

Abstract:Uterine rupture in patients with labor induction with prostaglandin E application though uncommon is a very serious complication and preventable in obstetrics. We reported three cases of spontaneous uterine rupture following induction of labor with intracervical PGE gel administration in a dosage of 3-6 mg and two in whom labor was augmented with oxytocin infusion. To avoid such a complication, intracervical PGEgel administration should be started with a smaller dose and should augmentation with oxytocin be required careful evaluation and monitoring by a specialist is desirable.

Database: EMBASE

Rupture of an unscarred uterus at full term following intra-cervical application of dinoprostone gel (prepidil)

Source: Revue Francaise de Gynecologie et d'Obstetrique; 1993; vol. 88 (no. 3); p. 162-164

Publication Date: 1993

Publication Type(s): Journal: Article

Publisher: Elsevier Masson SAS (62 rue Camille Desmoulins, Issy les Moulineaux Cedex 92442, France)

Author(s): Heckel S.; Ohl J.; Dellenbach P.

Abstract:The authors report a case of uterine rupture following intra-cervical application of dinoprostone (two doses at an interval of 6 hours). No oxytocic had been administered and recording of the contractions had revealed no hyperkinesia or hypertonia one hour before rupture occurred.

Database: EMBASE

[Rupture of a healthy uterus in a prostaglandin-induced abortion in the second trimester].

Source: Journal de gynécologie, obstétrique et biologie de la reproduction; 1991; vol. 20 (no. 2); p. 269-272

Publication Date: 1991

Publication Type(s): Case Reports English Abstract Journal Article

Author(s): Larue, L; Marpeau, L; Percque, M; Castiel, J; Guettier, X; Maghioracos, P; Barrat, J

Abstract:The authors report one case of uterine rupture in a non scarred uterus when an analogue of prostaglandin E2 was being transfused. It was Sulprostone used to terminate a pregnancy because of fetal death in utero after 27 weeks of amenorrhea. This case history and an analysis of the literature makes it possible to point out the need to reach the diagnosis before signs become too severe and to show that pharmacological knowledge of the drug has to be improved as well as the ways of administering prostaglandin analogue. This is to be conducted together with improving the ways of terminating pregnancies in the second trimester. It shows that mechanical accidents can occur even where there are no obvious risk factors. In this case, pain continued from the time of the rupture under epidural anaesthesia. The physiopathology is reviewed. Finally, conservative treatment of the uterus should be carried out whenever possible in order to allow a new pregnancy to occur and to lessen the morbidity of the operation.

Database: Medline

Uterine rupture at term pregnancy with the use of intracervical prostaglandin E2 gel for induction of labor.

Source: American journal of obstetrics and gynecology; Aug 1991; vol. 165 (no. 2); p. 368-370

Publication Date: Aug 1991

Publication Type(s): Case Reports Journal Article

Author(s): Maymon, R; Shulman, A; Pomeranz, M; Holtzinger, M; Haimovich, L; Bahary, C

Abstract:Prostaglandin E2 is a powerful oxytocic agent that reliably initiates labor, even in the presence of an unripe cervix. The low incidence of fetomaternal complication contributes to its universal use. We report a rare case of uterine rupture after intracervical application of prostaglandin E2 gel. Thus far no prostaglandin compound or method of administration seems to be exempt from such a complication.

Database: Medline

Uterine rupture with the use of vaginal prostaglandin E for induction of labor

Source: American Journal of Obstetrics and Gynecology; 1984; vol. 150 (no. 7); p. 889-890

Publication Date: 1984

Publication Type(s): Journal: Article

Author(s): Claman P.; Carpenter R.J.; Reiter A.

Abstract:Prostaglandin E vaginal suppositories are used for the termination of pregnancy in the midtrimester and in the management of intrauterine fetal death up to 28 weeks' gestation. Previous reports have suggested that uterine rupture with vaginal prostaglandin should be of concern only in the patient with a prior scarred uterus or in third-trimester inductions of labor. We report two cases of uterine rupture in previously unscarred uteri.

Database: EMBASE

Uterine rupture associated with the use of vaginal prostaglandin E2 suppositories.

Source: Canadian Anaesthetists' Society journal; Jan 1984; vol. 31 (no. 1); p. 80-82

Publication Date: Jan 1984

Publication Type(s): Case Reports Journal Article

Author(s): Keller, F; Joyce, T H

Available in full text at [Canadian Anaesthetists' Society Journal](#) - from Free Access Content

Abstract:The authors present an obstetrical case of silent uterine rupture due to prostaglandin E2 vaginal suppositories. Although this complication has been reported in the obstetrical literature, lack of attention to it in the anaesthesia literature, causes us to call this problem to the attention of anaesthetists.

Database: Medline

Rupture of the uterus in a patient given prostaglandin pessaries

Source: Journal of Obstetrics and Gynaecology; 1982; vol. 2 (no. 4); p. 229

Publication Date: 1982

Publication Type(s): Journal

Author(s): Budden G.C.

Available in full text at [Journal of Obstetrics and Gynaecology](#) - from Taylor & Francis

Database: EMBASE

A case of primigravid uterine rupture

Source: Journal of Obstetrics and Gynaecology; 1981; vol. 2 (no. 2); p. 74-75

Publication Date: 1981

Publication Type(s): Journal

Author(s): Scott J.W.; Lichter M.

Available in full text at [Journal of Obstetrics and Gynaecology](#) - from Taylor & Francis

Abstract:Following cervical 'ripening' with prostaglandin, forewater amniotomy and oxytocin infusion, a caesarean section had to be performed in a primigravid patient for fetal distress, and the uterus was found to be ruptured.

Database: EMBASE

Uterine rupture following induction of labour with prostaglandin E pessaries, an oxytocin infusion and epidural analgesia

Source: Journal of Obstetrics and Gynaecology; 1981; vol. 2 (no. 2); p. 76-78

Publication Date: 1981

Publication Type(s): Journal

Author(s): Geirsson R.T.

Available in full text at [Journal of Obstetrics and Gynaecology](#) - from Taylor & Francis

Abstract:Traumatic rupture of the unscarred uterus is a rare and serious complication of labour. Two cases are reported of uterine rupture following induction of labour at term with a 3 mg prostaglandin Evaginal pessary, followed by an oxytocin infusion, using epidural anaesthesia.

Database: EMBASE

Uterine scar rupture in labour induced with vaginal prostaglandin E2.

Source: Lancet (London, England); Aug 1980; vol. 2 (no. 8192); p. 485-486

Publication Date: Aug 1980

Publication Type(s): Letter Case Reports

Author(s): Bromham, D R; Anderson, R S

Database: Medline

Rupture of the uterus following treatment with 16-16-dimethyl E 2 prostaglandin vagitories

Source: Prostaglandins; 1979; vol. 17 (no. 1); p. 121-123

Publication Date: 1979

Publication Type(s): Journal: Article

Author(s): Jerve F.; Fylling P.; Stenby S.

Abstract:Rupture of the uterine body was found after induction of therapeutic abortion with vaginal suppositories containing 16,16-dimethyl prostaglandin E 2 in a 20-year-old primigravida. A short discussion is given on the cervical complications that can occur after prostaglandin induction of abortion, stating that rupture of the uterine body also can be seen. So far, no prostaglandin compound seems to avoid such complications.

Database: EMBASE

DISCLAIMER: Results of database and or Internet searches are subject to the limitations of both the database(s) searched, and by your search request. It is the responsibility of the requestor to determine the accuracy, validity and interpretation of the results.

Strategy 64501

| # | Database | Search term | Results |
|---|----------|------------------------------------|---------|
| 1 | Medline | (propess).ti,ab | 25 |
| 3 | Medline | (Prostaglandin ADJ2 pessar*).ti,ab | 71 |
| 4 | Medline | (E2 ADJ2 pessar*).ti,ab | 49 |
| 5 | Medline | exp "PROSTAGLANDINS E"/ | 39902 |
| 6 | Medline | exp PESSARIES/ | 1247 |

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|----|---------|---|-------|
| 7 | Medline | exp "PROSTAGLANDINS E"/ AND exp PESSARIES/ | 148 |
| 8 | Medline | exp DINOPROSTONE/ | 25669 |
| 9 | Medline | exp PESSARIES/ AND exp DINOPROSTONE/ | 85 |
| 10 | Medline | (propess).ti,ab OR (Prostaglandin ADJ2 pessar*).ti,ab OR (E2 ADJ2 pessar*).ti,ab OR (exp "PROSTAGLANDINS E"/ AND exp PESSARIES/) OR (exp PESSARIES/ AND exp DINOPROSTONE/) | 199 |
| 11 | Medline | (uter* ADJ2 ruptur*).ti,ab | 3873 |
| 12 | Medline | exp "UTERINE RUPTURE"/ | 4301 |
| 13 | Medline | (uter* ADJ2 ruptur*).ti,ab OR exp "UTERINE RUPTURE"/ | 5946 |
| 14 | Medline | (nullipar*).ti,ab | 9282 |
| 15 | Medline | ("un scarred" OR unscarred).ti,ab | 252 |
| 16 | Medline | (nullipar*).ti,ab OR ("un scarred" OR unscarred).ti,ab | 9526 |
| 17 | Medline | ((propess).ti,ab OR (Prostaglandin ADJ2 pessar*).ti,ab OR (E2 ADJ2 pessar*).ti,ab OR (exp "PROSTAGLANDINS E"/ AND exp PESSARIES/) OR (exp PESSARIES/ AND exp DINOPROSTONE/)) AND ((uter* ADJ2 ruptur*).ti,ab OR exp "UTERINE RUPTURE"/)) AND ((nullipar*).ti,ab OR ("un scarred" OR unscarred).ti,ab) | 0 |

| | | | |
|----|---------|---|-------|
| 18 | Medline | ((propess).ti,ab OR (Prostaglandin ADJ2 pessar*).ti,ab OR (E2 ADJ2 pessar*).ti,ab OR (exp "PROSTAGLANDINS E"/ AND exp PESSARIES/) OR (exp PESSARIES/ AND exp DINOPROSTONE/)) AND ((nullipar*).ti,ab OR ("un scarred" OR unscarred).ti,ab) | 27 |
| 19 | Medline | ((propess).ti,ab OR (Prostaglandin ADJ2 pessar*).ti,ab OR (E2 ADJ2 pessar*).ti,ab OR (exp "PROSTAGLANDINS E"/ AND exp PESSARIES/) OR (exp PESSARIES/ AND exp DINOPROSTONE/)) AND ((uter* ADJ2 ruptur*).ti,ab OR exp "UTERINE RUPTURE"/) | 3 |
| 20 | Medline | ((uter* ADJ2 ruptur*).ti,ab OR exp "UTERINE RUPTURE"/) AND ((nullipar*).ti,ab OR ("un scarred" OR unscarred).ti,ab) | 225 |
| 22 | Medline | ((labour OR labor) ADJ2 induc*).ti,ab | 7447 |
| 23 | Medline | ("labor induced").af | 8402 |
| 24 | Medline | ((labour OR labor) ADJ2 induc*).ti,ab OR ("labor induced").af | 11388 |
| 25 | Medline | ((uter* ADJ2 ruptur*).ti,ab OR exp "UTERINE RUPTURE"/) AND ((nullipar*).ti,ab OR ("un scarred" OR unscarred).ti,ab)) AND (((labour OR labor) ADJ2 induc*).ti,ab OR ("labor induced").af) | 33 |
| 26 | Medline | (without ADJ2 scarr*).ti,ab | 706 |

| | | | |
|----|---------|--|------|
| 27 | Medline | ((propess).ti,ab OR (Prostaglandin ADJ2 pessar*).ti,ab OR (E2 ADJ2 pessar*).ti,ab OR (exp "PROSTAGLANDINS E"/ AND exp PESSARIES/) OR (exp PESSARIES/ AND exp DINOPROSTONE/)) AND ((uter* ADJ2 ruptur*).ti,ab OR exp "UTERINE RUPTURE"/) AND (without ADJ2 scarr*).ti,ab | 0 |
| 28 | Medline | ((uter* ADJ2 ruptur*).ti,ab OR exp "UTERINE RUPTURE"/) AND (without ADJ2 scarr*).ti,ab | 7 |
| 29 | Medline | (primigravid*).ti,ab | 4238 |
| 30 | Medline | (nulligravid*).ti,ab | 543 |
| 31 | Medline | (primigravid*).ti,ab OR (nulligravid*).ti,ab | 4758 |
| 32 | Medline | ((propess).ti,ab OR (Prostaglandin ADJ2 pessar*).ti,ab OR (E2 ADJ2 pessar*).ti,ab OR (exp "PROSTAGLANDINS E"/ AND exp PESSARIES/) OR (exp PESSARIES/ AND exp DINOPROSTONE/)) AND ((uter* ADJ2 ruptur*).ti,ab OR exp "UTERINE RUPTURE"/) AND ((primigravid*).ti,ab OR (nulligravid*).ti,ab) | 0 |
| 33 | Medline | ((uter* ADJ2 ruptur*).ti,ab OR exp "UTERINE RUPTURE"/) AND ((primigravid*).ti,ab OR (nulligravid*).ti,ab) | 118 |
| 34 | Medline | exp "PROSTAGLANDINS E"/ AND (((uter* ADJ2 ruptur*).ti,ab OR exp "UTERINE RUPTURE"/) AND | 2 |

| | | | |
|----|---------|---|-------|
| | | ((primigravid*).ti,ab OR (nulligravid*).ti,ab)) | |
| 35 | Medline | (exp "PROSTAGLANDINS E"/ AND ((uter* ADJ2 ruptur*).ti,ab OR exp "UTERINE RUPTURE"/)) AND (nullipar*).ti,ab OR ("un scarred" OR unscarred).ti,ab) | 9 |
| 36 | EMBASE | exp "PROSTAGLANDIN E2"/ | 50913 |
| 37 | EMBASE | exp "VAGINA PESSARY"/ | 2213 |
| 38 | EMBASE | exp "PROSTAGLANDIN E2"/ AND exp "VAGINA PESSARY"/ | 164 |
| 39 | EMBASE | (Prostaglandin ADJ2 pessar*).ti,ab | 92 |
| 40 | EMBASE | (E2 ADJ2 pessar*).ti,ab | 65 |
| 41 | EMBASE | (propess).ti,ab | 70 |
| 42 | EMBASE | exp "PROSTAGLANDIN E2"/ AND exp "VAGINA PESSARY"/ OR (Prostaglandin ADJ2 pessar*).ti,ab OR (E2 ADJ2 pessar*).ti,ab OR (propess).ti,ab | 264 |
| 43 | EMBASE | (uter* ADJ2 rupture*).ti,ab | 4189 |
| 44 | EMBASE | exp "UTERUS RUPTURE"/ | 5730 |
| 45 | EMBASE | (uter* ADJ2 rupture*).ti,ab OR exp "UTERUS RUPTURE"/ | 6597 |
| 46 | EMBASE | ("un scarred" OR unscarred).ti,ab | 328 |
| 47 | EMBASE | (nullipar*).ti,ab | 13547 |
| 48 | EMBASE | (primigravid*).ti,ab | 6048 |

| | | | |
|----|--------|---|-------|
| 49 | EMBASE | (nulligravid*).ti,ab | 828 |
| 50 | EMBASE | exp NULLIPARA/ | 8359 |
| 51 | EMBASE | ("un scarred" OR unscarred).ti,ab OR (nullipar*).ti,ab OR (primigravid*).ti,ab OR (nulligravid*).ti,ab OR exp NULLIPARA/ | 22136 |
| 52 | EMBASE | ((exp "PROSTAGLANDIN E2"/ 3 AND exp "VAGINA PESSARY"/ OR (Prostaglandin ADJ2 pessar*).ti,ab OR (E2 ADJ2 pessar*).ti,ab OR (propress).ti,ab) AND ((uter* ADJ2 rupture*).ti,ab OR exp "UTERUS RUPTURE"/)) AND (("un scarred" OR unscarred).ti,ab OR (nullipar*).ti,ab OR (primigravid*).ti,ab OR (nulligravid*).ti,ab OR exp NULLIPARA/) | |
| 53 | EMBASE | **"PROSTAGLANDIN E2"/ | 23568 |
| 54 | EMBASE | ((uter* ADJ2 rupture*).ti,ab OR 16 exp "UTERUS RUPTURE"/) AND ("un scarred" OR unscarred).ti,ab OR (nullipar*).ti,ab OR (primigravid*).ti,ab OR (nulligravid*).ti,ab OR exp NULLIPARA/)) AND **"PROSTAGLANDIN E2"/ | |
| 55 | EMBASE | exp "PROSTAGLANDIN E2"/ | 50913 |
| 56 | EMBASE | ((uter* ADJ2 rupture*).ti,ab OR 25 exp "UTERUS RUPTURE"/) AND ("un scarred" OR unscarred).ti,ab OR (nullipar*).ti,ab OR | |

| | | | |
|----|---------|---|-------|
| | | (primigravid*).ti,ab OR (nulligravid*).ti,ab OR exp NULLIPARA/)) AND exp "PROSTAGLANDIN E2"/ | |
| 57 | EMBASE | (exp "PROSTAGLANDIN E2"/ AND exp "VAGINA PESSARY"/ OR (Prostaglandin ADJ2 pessar*).ti,ab OR (E2 ADJ2 pessar*).ti,ab OR (propess).ti,ab) AND ((uter* ADJ2 rupture*).ti,ab OR exp "UTERUS RUPTURE"/) | 23 |
| 58 | Medline | (exp "PROSTAGLANDINS E"/ AND ((uter* ADJ2 ruptur*).ti,ab OR exp "UTERINE RUPTURE"/)) AND ((nullipar*).ti,ab OR ("un scarred" OR unscarred).ti,ab) | 9 |
| 59 | EMBASE | (prostaglandin).ti,ab | 87144 |
| 60 | EMBASE | ((uter* ADJ2 rupture*).ti,ab OR exp "UTERUS RUPTURE"/) AND ("un scarred" OR unscarred).ti,ab OR (nullipar*).ti,ab OR (primigravid*).ti,ab OR (nulligravid*).ti,ab OR exp NULLIPARA/)) AND (prostaglandin).ti,ab | 24 |
| 61 | EMBASE | (undamaged ADJ2 uter*).ti,ab | 4 |
| 62 | EMBASE | exp "PROSTAGLANDIN E2"/ AND ((uter* ADJ2 rupture*).ti,ab OR exp "UTERUS RUPTURE"/) | 275 |
| 63 | EMBASE | exp "LABOR INDUCTION"/ | 13027 |
| 64 | EMBASE | (exp "PROSTAGLANDIN E2"/ AND ((uter* ADJ2 rupture*).ti,ab OR exp | 196 |

| | | | |
|----|---------|---|------|
| | | "UTERUS RUPTURE"/)) AND exp "LABOR INDUCTION"/ | |
| 65 | EMBASE | *"UTERUS RUPTURE"/ | 2741 |
| 66 | EMBASE | exp "PROSTAGLANDIN E2"/ AND *"UTERUS RUPTURE"/ | 88 |
| 67 | EMBASE | (DINOPROSTONE).ti,ab | 640 |
| 68 | EMBASE | ((("un scarred" OR unscarred).ti,ab OR (nullipar*).ti,ab OR (primigravid*).ti,ab OR (nulligravid*).ti,ab OR exp NULLIPARA/) AND DINOPROSTONE | 118 |
| 69 | EMBASE | ((uter* ADJ2 rupture*).ti,ab OR exp "UTERUS RUPTURE"/) AND (((("un scarred" OR unscarred).ti,ab OR (nullipar*).ti,ab OR (primigravid*).ti,ab OR (nulligravid*).ti,ab OR exp NULLIPARA/) AND (DINOPROSTONE).ti,ab) | 8 |
| 70 | Medline | exp "PROSTAGLANDINS E"/ AND ((uter* ADJ2 ruptur*).ti,ab OR exp "UTERINE RUPTURE"/) | 113 |
| 71 | CINAHL | (propess).ti,ab | 1 |
| 72 | CINAHL | (Prostaglandin ADJ2 pessar*).ti,ab | 1 |
| 74 | CINAHL | exp "PROSTAGLANDINS E"/ | 159 |
| 75 | CINAHL | (propess).ti,ab OR (Prostaglandin ADJ2 pessar*).ti,ab OR exp "PROSTAGLANDINS E"/ | 160 |

| | | | |
|----|--------|---|------|
| 76 | CINAHL | (unscarred OR "unscarred").ti,ab | 25 |
| 77 | CINAHL | ((propess).ti,ab OR (Prostaglandin ADJ2 pessar*).ti,ab OR exp "PROSTAGLANDINS E"/) AND (unscarred OR "unscarred").ti,ab | 0 |
| 78 | CINAHL | (nullipar*).ti,ab | 1413 |
| 79 | CINAHL | (primigravid*).ti,ab | 442 |
| 80 | CINAHL | (nulligravid*).ti,ab | 52 |
| 81 | CINAHL | exp PARITY/ | 2782 |
| 82 | CINAHL | (nullipar*).ti,ab OR (primigravid*).ti,ab OR (nulligravid*).ti,ab OR exp PARITY/ | 4246 |
| 83 | CINAHL | ((propess).ti,ab OR (Prostaglandin ADJ2 pessar*).ti,ab OR exp "PROSTAGLANDINS E"/) AND ((nullipar*).ti,ab OR (primigravid*).ti,ab OR (nulligravid*).ti,ab OR exp PARITY/) | 22 |